

## Settlement Fund Claim Form – R.G. Ortiz Funeral Home, Inc.

In a settlement with the NYC Department of Consumer and Worker Protection (DCWP), R.G. Ortiz Funeral Home, Inc.<sup>1</sup> (R.G. Ortiz) has agreed to refund money to eligible consumers.

You may be eligible for a refund if:

- You paid R.G. Ortiz for funeral services at one of their New York City locations between January 1, 2018 and August 22, 2024,  
**AND**
- You were deceived or exploited by R.G. Ortiz.

### Instructions:

This form includes three sections (I-III). You must complete each section. Submit the completed form and supporting documents to DCWP in ONE of the following ways:

- **Mail to:** NYC Department of Consumer and Worker Protection  
Attn: Merlin Brito Peguero  
42 Broadway, 9th Floor  
New York, NY 10004

OR

- **Email to:** [ConsumerRestitution@dcwp.nyc.gov](mailto:ConsumerRestitution@dcwp.nyc.gov)

DCWP will review and process claims in the order it receives them. DCWP will pay refunds until no money remains in the Settlement Fund or the submission deadline, whichever comes first.

**The deadline to submit a claim is August 22, 2025.**

Questions? Call (212) 436-0244 or email [ConsumerRestitution@dcwp.nyc.gov](mailto:ConsumerRestitution@dcwp.nyc.gov)

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<sup>1</sup> R.G. Ortiz Funeral Home, Inc. also operates several other funeral homes in New York City under various trade names, including Rivera Funeral Home, McGonnell Funeral Home, Louis Tommaso Funeral Home, and Parkchester Funeral Home.

## Section I: General Information

<b>Name:</b>	
<b>Email Address:</b>	
<b>Phone Number:</b>	
<b>Mailing Address:</b>	
<b>Preferred Method of Contact:</b>	<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Mail
<b>Name of Deceased (family member or friend who passed away):</b>	
<b>Address of Funeral Home Location Used:</b>	<input type="checkbox"/> 524 Southern Boulevard, Bronx, NY 10455 <input type="checkbox"/> 310 Willis Avenue, Bronx, NY 10454 <input type="checkbox"/> 2121 Westchester Avenue, Bronx, NY 10462 <input type="checkbox"/> 2580 Grand Concourse, Bronx, NY 10458 <input type="checkbox"/> 5204 4th Avenue, Brooklyn, NY 11220 <input type="checkbox"/> 204 East 116th Street, New York, NY 10029 <input type="checkbox"/> 235 West 72nd Street, New York, NY 10023 <input type="checkbox"/> 4425 Broadway, New York, NY 10040 <input type="checkbox"/> Other: _____
<b>Who did you pay?</b>	<input type="checkbox"/> R.G. Ortiz Funeral Home <input type="checkbox"/> Rivera Funeral Home <input type="checkbox"/> McGonnell Funeral Home <input type="checkbox"/> Louis Tommaso Funeral Home <input type="checkbox"/> Parkchester Funeral Home <input type="checkbox"/> Other: _____
<b>How much did you pay for funeral services?</b>	
<b>How much did R.G. Ortiz refund you?</b>	
<b>Date(s) of Service(s):</b>	

<p><b>Please check the box(es) that apply to your claim:</b></p>	<p>The funeral home</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Did not provide items or services that I paid for;</li><li><input type="checkbox"/> Did not provide the location of remains when I asked;</li><li><input type="checkbox"/> Did not handle, care for, and/or transport the deceased's remains properly;</li><li><input type="checkbox"/> Presented the deceased in unacceptable condition for viewing;</li><li><input type="checkbox"/> Did not provide an itemized receipt;</li><li><input type="checkbox"/> Did not provide a range of prices for services over the phone when I asked.</li></ul>
<p><b>Please describe in detail how the funeral home harmed you.</b></p>	

<p><b>Please check the box to confirm you will provide proof that you used R.G. Ortiz for funeral services.</b></p> <p><i>Note: Documents should include date(s) of service, deceased's name, and funeral home name/address.</i></p>	<p><input type="checkbox"/> I am submitting proof that I used R.G. Ortiz for funeral services.</p> <p><i>Acceptable proof includes:</i></p> <ul style="list-style-type: none"> <li>• <i>Copy of Obituary;</i></li> <li>• <i>Copy of death certificate;</i></li> <li>• <i>Funeral program;</i></li> <li>• <i>Prayer card, etc.</i></li> </ul> <p><b>Important:</b> If you are unable to provide proof of funeral services used, DCWP cannot process your claim.</p>
<p><b>Please check the box that applies to you and attach documents that support your claim that you paid R.G. Ortiz.</b></p> <p><i>Note: Documents should include date(s) of service, deceased's name, and funeral home name/address.</i></p>	<p><input type="checkbox"/> I am submitting proof that I paid R.G. Ortiz for funeral services.</p> <p><i>Acceptable proof includes:</i></p> <ul style="list-style-type: none"> <li>• <i>Receipt or invoice;</i></li> <li>• <i>Bank or credit card statement, showing proof of payment to R.G. Ortiz;</i></li> <li>• <i>Contract or written documentation with R.G. Ortiz detailing services agreed to, etc.</i></li> </ul> <p><input type="checkbox"/> I do not have proof of payment.</p> <p><b>Important:</b> If you are unable to provide proof of payment, DCWP may only be able to issue you a partial refund.</p>

## Section II: Affirmation

By typing or printing my name and the date below, I affirm the following under penalty of perjury:

- All of the information in this form is true to the best of my knowledge.
- I understand that neither DCWP or its employees are my personal attorney.
- I understand that DCWP will determine the amount of any refund I receive, and that DCWP cannot provide money for insurance, incidental costs, or damages due to pain and suffering.
- I understand that DCWP will mail any refund with signature required to the Mailing Address I provided in this form.
- I understand that DCWP cannot advise if my refund is taxable income.

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

## Section III: Consumer Release Form

By typing or printing my name and the date below, I affirm that I have not otherwise received any compensation or refund related to the claim set forth herein and that I hereby forever release and discharge R.G. Ortiz Funeral Home, Inc. from any and all actions, causes of action, suits, debts, dues, sums of money, accounts, reckonings, bonds, bills, specialties, covenants, controversies, agreements, liabilities, promises, variances, trespasses, damages, judgments, extents, executions, claims, and demands, whatsoever, in law, admiralty, or equity, arising from or related to the claim set forth in this form.

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*